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| APPLICATION NO.   | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO.  | CONFIRMATION NO. |
|---|-------------|----------------------|----------------------|------------------|
| 09/918,413  | 07/30/2001  | Mohamed M. Haq       | 50016.3              | 4588             |
| 58773   | 7590        | 07/17/2006           | EXAMINER             |                  |
| BROWN RAYSMAN MILLSTEIN FELDER & STEINER LLP<br>303 TWIN DOLPHIN DRIVE<br>SUITE 600<br>REDWOOD SHORES, CA 94065 |             |                      | TOMASZEWSKI, MICHAEL |                  |
|   |             | ART UNIT             | PAPER NUMBER         |                  |
|   |             |                      | 3626                 |                  |

DATE MAILED: 07/17/2006

Please find below and/or attached an Office communication concerning this application or proceeding.

|                              |                              |                  |
|------------------------------|------------------------------|------------------|
| <b>Office Action Summary</b> | Application No.              | Applicant(s)     |
|                              | 09/918,413                   | HAQ, MOHAMED M.  |
|                              | Examiner<br>Mike Tomaszewski | Art Unit<br>3626 |

-- The MAILING DATE of this communication appears on the cover sheet with the correspondence address --

#### Period for Reply

A SHORTENED STATUTORY PERIOD FOR REPLY IS SET TO EXPIRE 3 MONTH(S) OR THIRTY (30) DAYS, WHICHEVER IS LONGER, FROM THE MAILING DATE OF THIS COMMUNICATION.

- Extensions of time may be available under the provisions of 37 CFR 1.136(a). In no event, however, may a reply be timely filed after SIX (6) MONTHS from the mailing date of this communication.
- If no period for reply is specified above, the maximum statutory period will apply and will expire SIX (6) MONTHS from the mailing date of this communication.
- Failure to reply within the set or extended period for reply will, by statute, cause the application to become ABANDONED (35 U.S.C. § 133). Any reply received by the Office later than three months after the mailing date of this communication, even if timely filed, may reduce any earned patent term adjustment. See 37 CFR 1.704(b).

#### Status

- 1) Responsive to communication(s) filed on 10 May 2006.
- 2a) This action is FINAL.                            2b) This action is non-final.
- 3) Since this application is in condition for allowance except for formal matters, prosecution as to the merits is closed in accordance with the practice under *Ex parte Quayle*, 1935 C.D. 11, 453 O.G. 213.

#### Disposition of Claims

- 4) Claim(s) 1,2,5,6,9,13,16,20,25,27-34,38,40-50 and 58-60 is/are pending in the application.
- 4a) Of the above claim(s) \_\_\_\_\_ is/are withdrawn from consideration.
- 5) Claim(s) \_\_\_\_\_ is/are allowed.
- 6) Claim(s) 1,2,5,6,9,13,16,20,25,27-34,38,40-50 and 58-60 is/are rejected.
- 7) Claim(s) \_\_\_\_\_ is/are objected to.
- 8) Claim(s) \_\_\_\_\_ are subject to restriction and/or election requirement.

#### Application Papers

- 9) The specification is objected to by the Examiner.
- 10) The drawing(s) filed on \_\_\_\_\_ is/are: a) accepted or b) objected to by the Examiner.  
Applicant may not request that any objection to the drawing(s) be held in abeyance. See 37 CFR 1.85(a).  
Replacement drawing sheet(s) including the correction is required if the drawing(s) is objected to. See 37 CFR 1.121(d).
- 11) The oath or declaration is objected to by the Examiner. Note the attached Office Action or form PTO-152.

#### Priority under 35 U.S.C. § 119

- 12) Acknowledgment is made of a claim for foreign priority under 35 U.S.C. § 119(a)-(d) or (f).
- a) All    b) Some \* c) None of:
  1. Certified copies of the priority documents have been received.
  2. Certified copies of the priority documents have been received in Application No. \_\_\_\_\_.
  3. Copies of the certified copies of the priority documents have been received in this National Stage application from the International Bureau (PCT Rule 17.2(a)).

\* See the attached detailed Office action for a list of the certified copies not received.

#### Attachment(s)

- 1) Notice of References Cited (PTO-892)
- 2) Notice of Draftsperson's Patent Drawing Review (PTO-948)
- 3) Information Disclosure Statement(s) (PTO-1449 or PTO/SB/08)  
Paper No(s)/Mail Date \_\_\_\_\_.
- 4) Interview Summary (PTO-413)  
Paper No(s)/Mail Date. \_\_\_\_\_.
- 5) Notice of Informal Patent Application (PTO-152)
- 6) Other: \_\_\_\_\_.

**DETAILED ACTION**

***Notice To Applicant***

1. This communication is in response to the amendment filed on 5/10/2006. Claims 1-2, 5-6, 9, 13, 16, 20, 25, 27-29, 31-34, 38, 40, 44-47, and 50 have been amended. Claims 3-4, 7-8, 10-12, 14-15, 17-19, 21-24, 26, 35-37, 39, and 51-57 have been canceled. Claims 58-60 are newly added. Claims 1-2, 5-6, 9, 13, 16, 20, 25, 27-34, 38, 40-50, and 58-60 are pending.

***Claim Rejections - 35 USC § 102***

2. The following is a quotation of the appropriate paragraphs of 35 U.S.C. 102 that form the basis for the rejections under this section made in this Office action:

A person shall be entitled to a patent unless -

(b) the invention was patented or described in a printed publication in this or a foreign country or in public use or on sale in this country, more than one year prior to the date of application for patent in the United States.

3. Claims 1, 9 13, 25, 27-29, 33-34, 38, 40, 43, and 45-48 are rejected under 35 U.S.C. 102(b) as being anticipated by Sato (5,911,687; hereinafter Sato).

(A) As per amended claim 1, Sato discloses a method for delivering patient care, comprising:

- (1) establishing a virtual clinic on a network (Sato: col. 1, lines 5-14; col. 4, line 65-col. 5, line 2; Fig. 1);
- (2) the virtual clinic having a working relationship with at least one medical professional (Sato: col. 4, line 65-col. 5, line 2; Fig. 1);
- (3) the virtual clinic having a working relationship with a patient (Sato: col. 4, line 65-col. 5, line 2; Fig. 1);
- (4) the virtual clinic being associated with at least one diagnostic center local to the patient, the diagnostic center having diagnostic testing equipment (Sato: col. 4, line 65-col. 5, line 43; Fig. 1);
- (5) receiving a request for medical services from the patient by the virtual clinic (Sato: abstract); and
- (6) establishing a real-time electronic communications link between the patient and one of the at least one medical professional by the virtual clinic (Sato: col. 6, lines 32-40).

(B) As per amended claim 9, Sato discloses a system for establishing communications between physicians and patients comprising:

- (1) a network (Sato: col. 1, lines 5-14; col. 4, line 65-col. 5, line 1; Fig. 1);
- (2) at least one medical professional enabled to receive information from the network and to submit responses on the network (Sato: col. 4, lines 65-col. 5, line 2; col. 6, lines 32-40; Fig. 1);
- (3) at least one patient enabled to submit information on the network and to receive responses from the network (Sato: col. 4, lines 65-67 and col. 5, lines 1-2; col. 6, lines 32-40; Fig. 1);
- (4) a diagnostic center being local to the patient and having diagnostic testing equipment (Sato: col. 4, line 65-col. 5, line 43; Fig. 1); and
- (5) a virtual clinic being configured to receive information and responses from the network, to select a medical professional based upon the information provided by the patient, and to enable real-time electronic communication of the information and the responses between the medical professional and the patient, the virtual clinic associated with the diagnostic center (Sato: abstract; col. 6, lines 32-40).

(C) As per amended claim 13, Sato discloses the system as in Claim 9, the system further comprising:

- (1) a hospital enabled to receive the information from the network and to submit responses (Sato: abstract; col. 4, line 65-col. 5, lines 1; 25; Fig. 1).

(D) As per amended claim 25, Sato discloses a method for developing a virtual clinic for allowing a patient to remotely contact a medical professional and receive medical services, comprising:

- (1) establishing a virtual clinic having capabilities for:
  - (i) enabling the patient to contact the virtual clinic (Sato: abstract; col. 8, lines 28-35; Fig. 7);
  - (ii) collecting information on the patient's medical condition (Sato: abstract; col. 6, lines 32-40);
  - (iii) identifying at least one medical professional based on the collected information (Sato: abstract; col. 8, lines 43-59; Fig. 10); and
  - (iv) accessing the patient's medical records (Sato: abstract; col. 2, lines 7-31; Fig. 3);
- (2) establishing a working relationship with the least one medical professional to provide medical services to patients referred via the virtual clinic, the medical professional providing information relating to qualifications for use during a selection process (Sato: col. 4, lines 65-col. 5, line 2; col. 8, lines 48-56; Fig. 1; Fig. 10);
- (3) providing diagnostic testing equipment local to the patient and associated with the virtual clinic (Sato: col. 6, lines 32-40; Fig. 2a-2b); and
- (4) enabling by the virtual clinic electronic real-time electronic communication between the patient and the medical professional to transmit the

information regarding the patient's condition, results from the diagnostic equipment, and recommended treatment (Sato: col. 4, 65-col. 5, line 2; col. 6, lines 32-44).

(E) As per amended claim 27, Sato discloses the method of claim 25 further comprising:

- (1) submitting information relating to medical licenses by the medical professional (Sato: col. 8, lines 48-60; Fig. 10); and
- (2) comparing a patient's residence with the medical professional's medical license by the virtual clinic (Sato: col. 7, lines 56-67; col. 8, lines 1-67; col. 9, lines 1-11; Figs. 6-13).

(F) As per amended claim 28, Sato discloses the method of claim 25 further comprising:

- (1) providing the patient with access to the diagnostic testing equipment (Sato: col. 6, lines 32-40; Fig. 2a-2b).

(G) As per amended claim 29, Sato discloses the method of claim 25, wherein the step of providing diagnostic testing equipment comprises providing for communication

of diagnostic testing equipment results with the virtual clinic and at least one medical professional (Sato: col. 6, lines 18-40).

(H) As per amended claim 33, Sato discloses the method of claim 25, wherein the virtual clinic has the capability for informing a medical professional of diagnostic testing equipment results (Sato: col. 6, lines 20-40; Figs. 1-2b).

(I) As per amended claim 34, Sato discloses the method of claim 25, wherein the virtual clinic has the capability for allowing a medical professional to access and update a patient's medical records (Sato: col. 9, lines 4-11; col. 10, lines 35-42; Figs. 1-21).

(J) As per amended claim 38, Sato discloses the method of claim 36, further comprising:

(1) contracting with at least one hospital to provide access to diagnostic testing equipment to patients of the virtual clinic (Sato: abstract; col. 6, lines 32-40).

(I) As per amended claim 40, Sato discloses a method for a patient to remotely contact a medical professional and to receive medical services, comprising:

(1) the patient contacting a virtual clinic (Sato: abstract);

- (2) the patient providing information on his medical condition to the virtual clinic (Sato: col. 2, lines 7-33);
- (3) the virtual clinic identifying a medical professional based on the patient-  
provided medical condition information (Sato: col. 2, lines 7-33);
- (4) the virtual clinic enabling real-time electronic communication between the patient and the identified medical professional (Sato: col. 4, 65-col. 5, line 2; col. 6, lines 32-44);
- (5) the patient corresponding electronically with the medical professional (Sato: col. 4, 65-col. 5, line 2; col. 6, lines 32-44);
- (6) the virtual clinic enabling the patient to access a diagnostic center being local to the patient and associated with the virtual clinic, the diagnostic center having diagnostic testing equipment (Sato: col. 4, 65-col. 5, line 2; col. 6, lines 32-44); and
- (7) the medical professional informing the patient of recommended treatment (Sato: abstract; col. 5, lines 26-33; col. 6, lines 32-44).

(J) Claim 43 has not been amended is rejected for substantially the same reasons given in the previous Office Action and in conjunction with the reasons given above and incorporated herein.

(K) As per amended claim 45, Sato discloses the method of claim 40, further comprising:

(1) informing the medical professional of the diagnostic testing equipment available to the patient (Sato: col. 6, lines 20-40; Figs. 1-2b).

(L) As per amended claim 46, Sato discloses the method of claim 40, further comprising:

(1) at least one medical professional providing information relating to medical licenses and the virtual clinic comparing a patient's residence with a medical professional's medical license (Sato: col. 7, line 56-col. 8, line 67; col. 9, lines 1-11; Figs. 6-13).

(M) As per amended claim 47, Sato discloses the method of claim 40, wherein the step of identifying a medical professional based on the patient-provided medical condition information comprises medical professionals providing information relating to qualifications and the virtual clinic comparing the patient-provided medical condition information with the medical professional-provided information relating to qualifications (Sato: col. 4, lines 65-col. 5, line 2; col. 8, lines 48-56; Fig. 1; Fig. 10).

(N) Claim 48 has not been amended is rejected for substantially the same reasons given in the previous Office Action and in conjunction with the reasons given above and incorporated herein.

***Claim Rejections - 35 USC § 103***

4. The following is a quotation of 35 U.S.C. 103(a) which forms the basis for all obviousness rejections set forth in this Office action:

(a) A patent may not be obtained though the invention is not identically disclosed or described as set forth in section 102 of this title, if the differences between the subject matter sought to be patented and the prior art are such that the subject matter as a whole would have been obvious at the time the invention was made to a person having ordinary skill in the art to which said subject matter pertains. Patentability shall not be negated by the manner in which the invention was made.

5. Claims 2, 5-6, 16, 20, 30-32, 41-42, 44, 49, and 58-60 are rejected under 35 U.S.C. 103(a) as being unpatentable over Sato, as applied to claim 1 above, and further in view of Joao (6,283,761; hereinafter Joao).

(A) As per amended claim 2, Sato discloses the method of Claim 1, wherein the step of linking further comprises:

- (1) receiving, by the virtual clinic, information about the patient (Sato: abstract; col. 2, lines 7-31); and
- (2) based upon the information about the patient, selecting a medical professional (Sato: abstract; col. 5, lines 26-43).

Sato, however, fails to *expressly* disclose the method of Claim 1, wherein the step of linking further comprises:

- (3) accessing a web page by the patient that is provided by the virtual clinic.

Nevertheless, this feature is old and well known, as evidenced by Joao. In particular, Joao discloses the method of claim 1, wherein the step of linking further comprises:

- (3) accessing a web page by the patient that is provided by the virtual clinic (Joao: col. 15, lines 18-25; col. 18, lines 32-44; Fig. 1).

One of ordinary skill would have found it obvious at the time of the invention to include the aforementioned features of Joao with the teachings of Sato with the motivation of providing an apparatus and method for processing and/or providing healthcare information between all healthcare participants; for performing diagnoses, and for prescribing healthcare treatment, among other things, in a network environment (Joao: col. 7, lines 62-67; col. 8, lines 15-26).

(B) As per amended claim 5, Sato discloses a method for delivering patient care, comprising:

- (1) establishing a virtual clinic on a network (Sato: col. 1, lines 5-14; col. 4, line 65-col. 5, line 2; Fig. 1);
- (2) the virtual clinic having a working relationship with one or more medical professionals (Sato: col. 4, line 65-col. 5, line 2; Fig. 1);
- (3) the virtual clinic being associated with a diagnostic center local to the patient, the diagnostic center having diagnostic testing equipment (Sato: col. 4, line 65-col. 5, line 43; Fig. 1);
- (4) receiving a request for medical services from the patient (Sato: abstract); and
- (5) establishing a real-time electronic communications link between the patient and one of the one or more medical professionals by the virtual clinic (Sato: col. 6, lines 32-40).

Sato, however, fails to *expressly* disclose a method for delivering patient care, comprising:

- (6) the virtual clinic having a working relationship with an insurance carrier, the insurance carrier having a patient to which the insurance carrier provides benefits.

Nevertheless, this feature is old and well known, as evidenced by Joao. In particular, Joao discloses a method for delivering patient care, comprising:

(6) the virtual clinic having a working relationship with an insurance carrier, the insurance carrier having a patient to which the insurance carrier provides benefits (Joao: col. 2, lines 55-62; Fig. 1).

One of ordinary skill would have found it obvious at the time of the invention to include the aforementioned features of Joao with the teachings of Sato with the motivation of providing an apparatus and method for processing and/or providing healthcare information between all healthcare participants; for performing diagnoses, and for prescribing healthcare treatment, among other things, in a network environment (Joao: col. 7, lines 62-67; col. 8, lines 15-26).

(C) As a per amended claim 6, Sato discloses the method of Claim 1, wherein the step of linking further comprises:

(1) based upon the information, selecting a medical professional (Sato: abstract; col. 5, lines 26-43).

Sato, however, fails to expressly disclose the method of Claim 1, wherein the step of linking further comprises:

- (2) accessing a web page by the patient that is provided by the insurance carrier;
- (3) receiving, by the insurance carrier, information from the patient through the web page; and
- (4) forwarding the information to the virtual clinic.

Nevertheless, these features are old and well known in the art, as evidenced by Joao. In particular, Joao discloses the method of Claim 1, wherein the step of linking further comprises:

- (2) accessing a web page by the patient that is provided by the insurance carrier (Joao: col. 15, lines 18-25; col. 18, lines 32-44; Fig. 1);
- (3) receiving, by the insurance carrier, information from the patient through the web page (Joao: col. 11, lines 65-col. 12, line 50; col. 15, lines 18-25; col. 18, lines 32-44; Fig. 1); and
- (4) forwarding the information to the virtual clinic (Joao: col. 14, lines 59-col. 15, line 5; Fig. 1).

One of ordinary skill would have found it obvious at the time of the invention to include the aforementioned features of Joao with the teachings of Sato with the motivation of providing an apparatus and method for processing and/or providing healthcare information between all healthcare participants; for performing diagnoses,

and for prescribing healthcare treatment, among other things, in a network environment (Joao: col. 7, lines 62-67; col. 8, lines 15-26).

(D) As per amended claim 16, Sato discloses a system comprising:

- (1) a network (Sato: col. 1, lines 5-14; col. 4, line 65-col. 5, line 1; Fig. 1);
- (2) at least one medical professional enabled to receive information from the network and to submit responses on the network (Sato: col. 4, lines 65-col. 5, line 2; col. 6, lines 32-40; Fig. 1);
- (3) a patient enabled to make a request for medical services, to submit the information on the network and to receive the responses from the network (Sato: col. 4, lines 65-67 and col. 5, lines 1-2; col. 6, lines 32-40; Fig. 1);
- (4) a diagnostic center being local to the patient and having diagnostic testing equipment (Sato: col. 4, line 65-col. 5, line 43; Fig. 1); and
- (5) the virtual clinic being configured to receive the information and the responses from the network, the virtual clinic being configured to select one of the at least one medical professional based upon the information provided by the patient, the virtual clinic being configured to enable real-time electronic communication of the information and the responses between the medical professional and the patient, the virtual clinic being associated with the diagnostic center (Sato: col. 4, line 65-col. 5, line 43; col. 6, lines 32-40; Fig. 1).

Sato, however, fails to *expressly* disclose a system comprising:

(6) an insurance carrier being configured to receive the request for medical services from the patient and to forward the request to a virtual clinic.

Nevertheless, these features are old and well known in the art, as evidenced by Joao. In particular, Joao discloses a system comprising:

(6) an insurance carrier being configured to receive the request for medical services from the patient and to forward the request to a virtual clinic  
(Joao: col. 2, lines 55-62; Fig. 1).

One of ordinary skill would have found it obvious at the time of the invention to include the aforementioned features of Joao with the teachings of Sato with the motivation of providing an apparatus and method for processing and/or providing healthcare information between all healthcare participants; for performing diagnoses, and for prescribing healthcare treatment, among other things, in a network environment (Joao: col. 7, lines 62-67; col. 8, lines 15-26).

(E) As per amended claim 20, Sato discloses the system as in claim 16, the system further comprising:

(1) a hospital enabled to receive the information from the network and to submit responses (Sato: abstract; col. 4, line 65-col. 5, lines 1; 25; Fig. 1).

(F) Claim 30 has not been amended and is rejected for substantially the same reasons given in the previous Office Action and in conjunction with the reasons given above and incorporated herein.

(G) As per amended claim 31, Sato fails to *expressly* disclose the method of claim 25, wherein the virtual clinic further has the capability for at least one insurance company to refer patients to the virtual clinic.

Nevertheless, this feature is old and well known, as evidenced by Joao. In particular, Joao discloses the method of claim 25, wherein the virtual clinic further has the capability for at least one insurance company to refer patients to the virtual clinic (Joao: abstract; col. 31, lines 65-67; col. 32, lines 1-46; Fig. 1).

One of ordinary skill would have found it obvious at the time of the invention to include the aforementioned features of Joao with the teachings of Sato with the motivation of providing an apparatus and method for processing and/or providing healthcare information between all healthcare participants; for performing diagnoses, and for prescribing healthcare treatment, among other things, in a network environment (Joao: col. 7, lines 62-67; col. 8, lines 15-26).

(H) As per amended claim 32, Sato fails to *expressly* disclose the method of claim 25, wherein the virtual clinic has the capability for at least one hospital to refer patients to the virtual clinic.

Nevertheless, this feature is old and well known, as evidenced by Joao. In particular, Joao discloses the method of claim 25, wherein the virtual clinic has the capability for at least one hospital to refer patients to the virtual clinic (Joao: abstract; col. 31, lines 65-67; col. 32, lines 1-46; Fig. 1).

One of ordinary skill would have found it obvious at the time of the invention to include the aforementioned features of Joao with the teachings of Sato with the motivation of providing an apparatus and method for processing and/or providing healthcare information between all healthcare participants; for performing diagnoses, and for prescribing healthcare treatment, among other things, in a network environment (Joao: col. 7, lines 62-67; col. 8, lines 15-26).

(I) Claims 41-42 have not been amended are rejected for substantially the same reasons given in the previous Office Action and in conjunction with the reasons given above and incorporated herein.

(J) As per amended claim 44, Sato fails to *expressly* disclose the method of claim 43, further comprising:

(1) the virtual clinic forwarding a portion of the received payment to the medical professional.

Nevertheless, this feature is old and well known in the art, as evidenced by Joao.

In particular, Joao discloses the method of claim 43, further comprising:

(1) the virtual clinic forwarding a portion of the received payment to the medical professional (Joao: col. 37, lines 35-67; col. 38, lines 1-8; Fig. 1).

One of ordinary skill would have found it obvious at the time of the invention to include the aforementioned features of Joao with the teachings of Sato with the motivation of providing an apparatus and method for processing and/or providing healthcare information between all healthcare participants; for performing diagnoses, and for prescribing healthcare treatment, among other things, in a network environment (Joao: col. 7, lines 62-67; col. 8, lines 15-26).

(K) Claim 49 has not been amended is rejected for substantially the same reasons given in the previous Office Action and in conjunction with the reasons given above and incorporated herein.

(L) As per new claim 58, Sato discloses a virtual clinic, comprising:

- (1) enabling a patient to request consultation with a medical professional and to provide medical condition information (Sato: col. 2, lines 7-33);
- (2) a medical professional database for storing contact information and qualifications for a set of medical professionals (Sato: col. 2, lines 7-33; col. 8, lines 48-59);
- (3) a medical professional selection component for selecting one of the medical professionals in the medical professional database based on predetermined criteria (Sato: col. 5, lines 39-43; col. 8, lines 43-49);
- (4) a communication component for enabling real-time electronic communication between the selected medical professional and the patient (Sato: col. 6, lines 32-40); and
- (5) a diagnostic test equipment communication component for communicating with diagnostic test equipment to obtain diagnostic test results of a patient (Sato: col. 6, lines 20-40).

Sato, however, fails to expressly disclose a virtual clinic, comprising:

- (6) a web page.

Nevertheless, these features are old and well known in the art, as evidenced by Joao. In particular, Joao discloses a virtual clinic, comprising:

(6) a web page (Joao: col. 15, lines 18-25; col. 18, lines 32-44; Fig. 1).

One of ordinary skill would have found it obvious at the time of the invention to include the aforementioned features of Joao with the teachings of Sato with the motivation of providing an apparatus and method for processing and/or providing healthcare information between all healthcare participants; for performing diagnoses, and for prescribing healthcare treatment, among other things, in a network environment (Joao: col. 7, lines 62-67; col. 8, lines 15-26).

(M) As per new claim 59, Sato discloses the virtual clinic of claim 58, wherein the predetermined criteria involves one of the qualifications of the medical professional (Sato: col. 8, lines 52-56; Fig. 10).

Examiner has noted insofar as claim 59 recites "*involves one of* [emphasis added] the qualifications of the medical professional, the patient's medical condition information, the time of the request, scheduling information, location of the patient, patient request, patient preferences, availability of a patient's standard physician, insurance information, employer information, and a prior medical professional assisting the patient," the qualifications of the medical professional is recited.

(N) As per new claim 60, Sato discloses the virtual clinic of claim 58, further comprising a patient records accessing component for communicating with a patient

records database to provide patients records information to the medical professional (Sato: col. 10, lines 35-43).

6. Claim 50 is rejected under 35 U.S.C. 103(a) as being unpatentable over Sato, as applied to claim 40 above, and further in view of SoRelle (SoRelle, Ruth. "Doctor's Referral Fee Is Ruled A Violation" Aug 1, 1987. Houston Chronicle. pg. 18; hereinafter SoRelle).

(A) As per amended claim 50, Sato fails to expressly disclose the method of claim 40, further comprising:

(1) at least one physician reimbursing the virtual clinic for directing the patient to the medical professional.

Nevertheless, these features are old and well known in the art, as evidenced by SoRelle. In particular, SoRelle discloses the method of claim 40, further comprising:

(1) at least one physician reimbursing the virtual clinic for directing the patient to the medical professional (SoRelle: pgs. 1-2).

One of ordinary skill would have found it obvious at the time of the invention to include the aforementioned features of SoRelle with the teachings of Sato with the motivation of compensating an entity contracted to provide referrals (SoRelle: pgs. 1-2).

***Response to Arguments***

7. Applicant's arguments filed 5/10/2006 have been fully considered but they are not persuasive. Applicant's arguments will be addressed hereinbelow in the order in which they appear in the response filed 5/10/2006.

(A) On page 12 of the 5/10/2006 response, Applicant argues amended claim 25 is new over Sato.

Examiner, however, respectfully disagrees and directs Applicant's attention to the citations provided in the rejections above.

For example, Sato teaches that the patient is provided a patient terminal having diagnostic equipment (e.g., sphygmomanometer, cardiograph, etc.) to allow a patient to communicate in "real-time" with doctors (i.e., medical professionals) from home or out of home (e.g., a clinic) (See Sato: col. 4, 65-col. 5, line 2; col. 6, lines 32-44; Fig. 2a-2b, 10).

(B) On page 12 of the 5/10/2006 response, Applicant argues Joao does not describe an online examination and treatment center and accordingly, one skilled in the art would not be motivated to combine Joao with Sato.

Examiner, however, respectfully disagrees and directs Applicant's attention to the citations provided in the rejections above.

For example, Joao teaches his "invention can be utilized...to perform healthcare and/or healthcare-related diagnoses...to provide healthcare and/or healthcare-related treatment plans" (See Joao: col. 4, lines 40-47). Joao also unequivocally teaches that his invention "can be utilized on, or over, the Internet and/or the World Wide Web" (See Joao: col. 3, lines 53-55).

Applicant further argues that neither Sato nor Joao teaches "the virtual clinic being associated with a diagnostic center local to the patient, the diagnostic center having diagnostic testing equipment," as recited in amended claim 1.

Examiner, again, respectfully disagrees and directs Applicant's attention to the citations provided in the rejections above.

For example, Sato teaches virtual clinic connected to various entities (e.g., clinics, hospitals, pharmacies, etc.) and devices (e.g., patient terminal, diagnostic equipment, etc.) and that a clinic (i.e., diagnostic center) performs daily examinations and treatments for the patient (Sato: col. 4, line 65-col. 5, line 43; Fig. 1).

(C) On page 13 of the 5/10/2006 response, Applicant argues neither Sato nor Joao teaches "the virtual clinic having a working relationship with an insurance carrier, the insurance carrier having a patient to which the insurance carrier provides benefits."

Examiner, however, respectfully disagrees and directs Applicant's attention to the citations provided in the rejections above.

For example, Joao clearly teaches "an apparatus and method for providing a comprehensive processing system which incorporates data and/or information from any combination and/or all of the participants in the healthcare field, including patients, providers, payers or insurance companies..." and processing claims between the patient and the payer/insurance carrier (Joao: col. 2, lines 55-62; Fig. 1 and 14B).

(D) Applicant's remaining arguments on page 13 either merely rehash arguments previously addressed by Examiner in this section or have been sufficiently addressed by the prior art citations provided in the rejections above.

### ***Conclusion***

8. The prior art made of record and not relied upon is considered pertinent to Applicant's disclosure. The cited but not applied art teaches a method and apparatus for electronically accessing and distributing personal health care information and services in hospitals and homes (5,867,821); ambulatory patient health monitoring

techniques utilizing interactive visual communication (5,441,047); and a method and system for creating a website for a healthcare provider (6,957,218).

The cited but not applied prior art also includes non-patent literature articles by Smith Anderson, Laurie ("Providing Care: Virtual Free Clinic Provides Care In Nine Area Parishes" Sep 22, 2000. Advocate. pg. 1.C.) and PR Newswire ("Best Doctors, Inc. Launches Internet "Virtual Clinic" Jun 21, 2000. pg. 1.).

9. Applicant's amendment necessitated the new ground(s) of rejection presented in this Office action. Accordingly, **THIS ACTION IS MADE FINAL**. See MPEP § 706.07(a). Applicant is reminded of the extension of time policy as set forth in 37 CFR 1.136(a).

A shortened statutory period for reply to this final action is set to expire THREE MONTHS from the mailing date of this action. In the event a first reply is filed within TWO MONTHS of the mailing date of this final action and the advisory action is not mailed until after the end of the THREE-MONTH shortened statutory period, then the shortened statutory period will expire on the date the advisory action is mailed, and any extension fee pursuant to 37 CFR 1.136(a) will be calculated from the mailing date of the advisory action. In no event, however, will the statutory period for reply expire later than SIX MONTHS from the date of this final action.

10. Any inquiry concerning this communication or earlier communications from the examiner should be directed to Mike Tomaszewski whose telephone number is (571)272-8117. The examiner can normally be reached on M-F 7:00 am - 3:30 pm.

If attempts to reach the examiner by telephone are unsuccessful, the examiner's supervisor, Joseph Thomas can be reached on (571)272-6776. The fax phone number for the organization where this application or proceeding is assigned is 571-273-8300.

Information regarding the status of an application may be obtained from the Patent Application Information Retrieval (PAIR) system. Status information for published applications may be obtained from either Private PAIR or Public PAIR. Status information for unpublished applications is available through Private PAIR only. For more information about the PAIR system, see <http://pair-direct.uspto.gov>. Should you have questions on access to the Private PAIR system, contact the Electronic Business Center (EBC) at 866-217-9197 (toll-free). If you would like assistance from a USPTO Customer Service Representative or access to the automated information system, call 800-786-9199 (IN USA OR CANADA) or 571-272-1000.

MT



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